
To be solved Education of the Public in Health and Hygiene

- *What educational activities can aid in developing health programs and in moving people to act for their better health?*
- *What influences have the social and religious traditions of a people on the success of a health program? Can cultural anthropology contribute to planning a sound health program?*
- *What techniques has the health educator for working in creative cooperation with the people served?*
- *What is the goal of public health education in world health programs—to tell something to the people, or to help them work out solutions to their problems?*
- *What may be learned by the United States from the programs of group thinking and mutual cooperation as applied by the WHO?*

sponsibility of cooperating with WHO in administering technical public health programs in their respective countries. The task of these groups is to cause people to appreciate their stake in world health as of immediate concern to themselves and their families and to involve them to the limits of their abilities in doing their share in raising the standard of health throughout the world. Potentially, this can be one of the most tremendous health education endeavors ever contemplated!

Therefore, let us in conclusion revise the title of this paper to "The Need for Public Under-

standing, Support, and Participation in Meeting World Health Problems." I have mentioned the National Citizens Committee for WHO. Here is an opportunity and responsibility for Americans to take up partnership in the work for world health. What should be the full purpose and activities of this committee? What should be its membership and how should it be organized? What should be its relationship with our governmental agencies, with WHO, and, in time, with similar citizen groups in other countries?

Meeting World Health Problems, 4

The Need for Money Resources

By FRANK G. BOUDREAU, M.D.

The task of answering the questions on the need for money resources should have been assigned to a hard-headed business man. Since I have accepted the assignment, however, I have no recourse except to do my best.

1. *How much money is now available for promoting the cause of world health?*

The draft budget of WHO reveals that in 1951 the regular budget was approximately 6.75 million dollars; in 1952, 7.9 million; and for

1953, the amount requested is 8.67 million. To these amounts should be added funds for technical assistance and the cost of needed supplies and equipment which must be imported. Grand totals would then be in 1951, 12.75 million dollars; in 1952, 22.33 million; and, in 1953, 24.33 million.

The Director-General of the World Health Organization points out that these amounts would not permit WHO to provide all the tech-

Dr. Boudreau, executive director of the Milbank Memorial Fund, was president of the League of Nations Association, 1939-44, and is now chairman of the steering committee of the National Citizens Committee for the World Health Organization.

nical assistance that governments have requested, and would fall far short of meeting the need for such assistance.

Other official and some voluntary international agencies expend funds on health activities. The United Nations Relief and Rehabilitation Agency set the example by expending 168 million dollars on health activities and the procurement of medical and sanitation supplies. The United Nations International Children's Emergency Fund is said to have spent or allocated about 162 million dollars in 5 years.

Funds for international health work are also provided by such national agencies as the Friends Service Committee, the Rockefeller Foundation, the Carnegie Corporation, the Commonwealth Fund, the Milbank Memorial Fund, and perhaps others.

Individual governments make outright contributions (in addition to their dues as members) or provide matching funds when they receive technical assistance.

We do not have anything like an accurate estimate of the amount of money now available for world health. For purposes of discussion I would guess—but it is a mere guess—that the total may reach 100 million dollars a year. However, we do know that far more funds are now available for world health than ever before.

WHO's present budget may be compared with that of the Health Organization of the League of Nations in its best year, plus the budgets of the Pan American Sanitary Bureau and the Office Internationale d'Hygiène Publique. These amounted to less than half a million a year.

2. How much money could profitably be spent in the health field in the next 5 years, in view of limitations involved in program planning, available personnel, and receptiveness on the part of the people concerned?

Let me deal first with these supposed limitations. Much more basic information for pro-

gram planning is available than is now being utilized. Intensive studies of malaria in India have been carried on for years. It would be an understatement to say that the information derived from these studies has not been fully utilized. The major health problem in underdeveloped countries is frequently an epidemic disease. Little time or energy is needed in planning for the prevention of such diseases. We need only to apply the knowledge we have.

Although even advanced countries need additional expert staff as is shown by the difficulty in filling high positions in the public health services, two things should be borne in mind: First, never in history have such large numbers of trained health officers been available; second, in underdeveloped countries wise use of trained staff, supplemented by large numbers of ordinary workers, will to a great extent overcome the deficiency. Methods and procedures necessary to prevent epidemic diseases are often simple enough to be learned in a few days by ordinary workers. Spraying with DDT, drainage and sanitation work, and immunization are examples.

Experience with the League of Nations has taught me that health administrations and universities are willing to allow members of their staffs leaves of absence for 1 month to 2 years for work in foreign countries under the auspices of an accredited international agency. Programs of social and economic development, including health programs, must as a rule be carried out by the people of the country concerned. Foreigners cannot assume responsibility because of their ignorance of the language, customs, and psychology of the people, but experts can help train local workers and aid in planning and supervision.

The lack of receptiveness on the part of the people concerned is not always difficult to overcome. If a foreigner tries to modify the way of life of an illiterate native, he may fail. But surely the foreign expert will work through the people of the country concerned—the individuals who must in the long run be responsible for carrying out the program.

Natives without formal education may be far more receptive to educational programs than is generally believed. One season's antimalarial, anti-kala-azar work by a WHO team

in a rural district of Pakistan cost about 17 cents per capita. It was effective in increasing the rice crop yield and in reducing sickness and death rates. A canvass of 360 families in the district showed that 80 percent of the family heads were willing to contribute about 11 cents per head per year for the continuation of the work.

I now come to the main question. How much money could profitably be spent in this field in the next 5 years?

Believing that the best way to spend funds for world health is to place such funds at the disposal of WHO I restrict my answer to expenditures of that organization.

My guess would be that a minimum of a billion and a half dollars could be spent usefully by WHO and its regional bureaus in the next 5 years. I exclude from this figure capital expenditures for waterworks, filter plants, drainage schemes, and other similar items.

Increasing fractions of this total could be used to good advantage as experience and maturity are gained.

3. Should funds for health personnel, the training of personnel, and the provision of materials (such as DDT and penicillin) be supplemented by capital funds for permanent investment in such enterprises as waterworks and drainage schemes?

This brings up the problem of short-range versus long-range programs. An anti-epidemic campaign which is not followed up may do more harm than good. But peoples who bear the burden of malaria, smallpox, dysentery, cholera, typhus and typhoid fevers long to be free of these scourges. The first step in a long-range program may well be a sharp anti-epidemic campaign to reduce sickness, deaths, and the economic waste due to unemployment because of disability, as well as heavy costs of medical treatment and funerals.

Such short-term programs must be steps in long-range plans for economic and social development, and these will require capital funds for permanent investment in drainage schemes, water supplies, and power development.

4. Through what agencies can funds for public health best be spent (WHO, the technical assistance programs, etc., or through direct bilateral agreements between countries)?

The growing desire on the part of the more advanced peoples to help their neighbors is one of the most heartening trends of our time. The desire is manifested by action through international and national, official and voluntary agencies. The present need is so great that all funds, from whatever source, can be used to good advantage. On the one hand, the value of pioneering explorations and demonstrations by private agencies, which often open the way for official action, must not be overlooked. On the other hand, comprehensive plans for economic and social development, including health, can be carried out most effectively by the UN and the specialized agencies.

WHO is a partnership. Members have equal status and an equal voice in decisions. The member country receiving aid has a vote; its point of view is represented; there is no feeling of an inferior people receiving charity from a rich neighbor. Just as important is the fact that WHO speaks for the world and is concerned with world health.

WHO has the very considerable advantage of being able to bring a variety of experience to bear on the health problems of any country. Experience in a highly industrialized nation may not be of the greatest value in one just emerging from primitive conditions. The experience of a nation which has recently emerged from this state may teach more useful and more readily applicable lessons. All varieties and stages of experience are represented.

On the other hand, I believe that the method of bilateral agreements has the greatest disadvantages, for the history of these is linked with empire building and the creation of political spheres of influence. A country which offers to help another is suspected of having other than purely altruistic motives. Moreover the receiving country may not feel free to differ with its philanthropic neighbor, to express its own views, to maintain national policies which, however reasonable, may offend the government from which it receives aid. It may feel it is not a free partner in a joint enterprise. It is a natural, but in my view, a mistaken policy to tie up technical assistance with political advantages, no matter how reasonable and sound.

I have already pointed out that assistance through a bilateral arrangement lacks that

variety of experience which is found in an international agency and may therefore be less suitable and less effective.

It must never be forgotten that technical development may bring disaster if it is partial or one-sided. Campaigns to prevent epidemics may succeed, but if nothing is done to promote political, social, and economic development, the final result may be that larger numbers of people live in greater misery. Or if the only attempt is to provide greater supplies of raw material to be processed elsewhere, the people of the region will not be helped but hindered. There must be advance on all fronts. This requires the formulation and carrying out of comprehensive plans embracing all important aspects of development.

The United Nations and the specialized agencies include the most important social and economic fields of work. This international machinery was built for the purpose of promoting social and economic progress in underdeveloped regions. It is to these agencies that we must turn for planning, general direction, and supervision of the entire program.

5. *What should be the share of the United States of America in financing world health?*

The World Health Organization has decided that not over one-third of its direct budget should come from any one country (but indirect grants for technical assistance, which may be assigned to WHO, and grants to its regional offices are not limited).

If, as I believe, an important principle of the foreign policy of the United States is that peace and prosperity will be brought closer by helping underdeveloped countries and regions to help themselves, then the United States contribution to WHO should be based upon what we believe WHO is capable of achieving in spearheading the movement for comprehensive social and economic development. In deciding on the size of its contribution the Government should take into account:

That health is the least controversial subject for international cooperation, since it involves no element of competition. More health in Asia means not less but more health in other countries as well.

That international cooperation in health matters has had a highly successful record.

That modern methods permit rapid control of many of the epidemic diseases which impoverish countries and from which the peoples of such countries long to be delivered.

That preventable illness and premature deaths often have disastrous effects on the economy of a region as well as on the psychology of the people.

That in the field of health, men of different races and creeds work easily together for objectives in which all men believe and which are of benefit to all.

To be solved Assembly and Allocation of Funds for World Health

- *How much money could profitably be spent in this field during the next 5 years, in view of limitations involved in program planning, available personnel, and receptiveness on the part of the people concerned?*
- *Should funds for health personnel, the training of personnel, and provision of materials be supplemented by capital funds for permanent investment in such enterprises as water-*

works, drainage schemes, hospitals, and the like?

- *Through what agencies can funds for international public health best be spent—through the United Nations and other multilateral channels or through direct bilateral agreements between one country and another?*
- *What should be the share of the United States in financing world health activities?*